

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px;">746658</div>	FILING DATE <div style="border: 1px solid black; padding: 2px;">5/1/97</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
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TOTAL CLAIMS	9						TOTAL CLAIMS						